

CHAPTER 4: Establishing a national treasure trove of TCM

The standardization of Chinese medicine, 1957-63 (pp. 109-153, 192-205)

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The second set of national TCM textbooks

In 1962 the teaching of TCM was revised, and the Chinese medical content increased. In September 1962 representatives from nine Academies of TCM were summoned to a meeting in Beijing by the Ministry of Health, and the future courses of TCM discussed.⁹⁸ The result was that the time spent studying TCM was increased to four and a half years of a six-year course, and the total number of study hours reduced to under 5,000 hours, giving an average of 24 hours a week. Only one new subject was added to the agenda and this was the decision to devote an entire course to the 'Essentials of the Golden Casket', which had previously been subsumed within the course on 'Cold Damage Disorders'.⁹⁹ It was also decided that in order to maintain the quality of the course, the numbers were to be restricted to between forty and fifty new students per year per academy.¹⁰⁰ Lü Bingkui writes how in October 1962 it was decided that a second edition of national TCM textbooks would be produced with a timetable drawn up for drafts to be completed by the end of 1963.¹⁰¹ Publishing rights were this time transferred down to the Shanghai science and technology publishing house (shanghai kexue jishu chubanshe). And thus it was that a new set of 'revised probational textbooks for the Academies of TCM' (zhongyi xueyuan shiyong jiaocai chongdingben) was produced in 1964. This second edition of TCM textbooks continues to be widely praised today for setting down the standards for TCM education. Lu Lianfang regards it as having 'laid the foundation for the teaching of every TCM subject area'.¹⁰² LüBingkui writes, 'the application and influence of the second set of textbooks is extremely broad. The faculty and students of the Academies of TCM as well as a very wide readership continue today to praise the second set of textbooks. And they all regard it as a major teaching reference work'.¹⁰³ And Liu Zhenmin credits it with 'forming the basic framework for the textbook system of TCM higher level medical education'.¹⁰⁴

And so, in the words of the Ministry of Health, within the space of just a few years, the Academies of TCM had come 'from nothing to something, from small to big' (cong wu dao you, cong xiao dao da).¹⁰⁵ The content of this second edition of national TCM textbooks is still relevant in contemporary China, and although currently on the sixth edition of national TCM textbooks (published 1994-6), the second and the fifth editions (1984/5) are regarded as core works. The significance of the national textbooks is that they were, and still are, the books which are distributed free of charge to students at the Academies of TCM. Although, in particular in China today, there are multiple sets of textbooks on TCM from a variety of different publishing houses, the national textbook series still constitutes the core basis of TCM knowledge being taught in China today.

The second edition of national TCM textbooks was revised by the National Convention of TCM Textbooks and listed as 'revised probational textbooks for the Academies of TCM'.

中医专业教学计划

(1962年10月修订)

I. 时间分配表 (按周)

学年	教学	考试	教学实习	毕业实习	劳动锻炼	假期	总计
I	36	4			*3	9	52
II	36	4			*3	9	52
III	36	4			*3	9	52
IV	10	1	29		*3	9	52
V	36	4			*3	9	52
VI				44	4	2	50
总计	154	17	29	44	19	47	310

*另有一周劳动分散在教学周内

II. 教学进程计划

顺序号	课程	按学期分					按学年及学期分配													
		考试	考查	总计	讲课	及实习、集体、辅导、讨论	I. 学年		II. 学年		III. 学年		IV. 学年		V. 学年		VI. 学年			
							1 学期 18 周	2 学期 18 周	3 学期 18 周	4 学期 18 周	5 学期 18 周	6 学期 18 周	7 学期 19 周	8 学期 20 周	9 学期 9 周	10 学期 9 周	11 学期 4 周	12 学期 4 周		
每周学时数																				
1)	2)	3)	4)	5)	6)	7)	8)	9)	10)	11)	12)	13)	14)	15)	16)	17)	18)	19)	20)	
1	政治课	2, 4, 6	1, 3, 5	216	216		2	2	2	2	2	2								
2	体育		1, 2, 3, 4	144		144	2	2	2	2										
3	古文	1, 3	2, 4	234	234		4	4	3	2										
4	中国医学史		1	36	36		2													
5	医经	1, 3	2	414	324	90	7	10	6											
6	中药学	2	1	252	180	72	8	6												
7	中医诊断学	3		108	72	36			6											
8	方剂学	4	3	216	144	72			6	6										
9	伤寒论	5	4	198	162	36			6	5										
10	金匮要略	4		126	90	36			7											
11	温病学	5		126	90	36				7										
12	针灸学	5		144	54	90				8										
13	中医内科学	6	5	216	162	54				4	8									
14	中医外科学与中医伤科学	6		144	108	36					8									
15	中医妇科学	6		72	54	18					1									
16	中医儿科学	6		72	54	18					4									
17	中医眼科学与中医喉科学	7		57	57								3							
18	各家学说		7, 8	195	195								5	5						
19	医用化学	9		126	72	54														
20	人体解剖学与组织胚胎学	9		171	72	99											7	7		
21	寄生虫学与微生物学	9		81	54	27											15	4		
22	生理学	9		108	72	36											5	4		
23	病理学	10		108	72	36												12		
24	药理学	10		54	36	18													12	
25	内科学	10		234	144	90													9	
26	外科学	10		90	54	36													17	
总学时数及周学时数				3942	2808	1134	25	24	25	25	26	26					27	27	27	27
每学期开课门数							6	5	6	6	5	5	2	1				4	4	
考试门数							2	2	3	3	3	5	1	0				4	4	
考察门数							4	3	3	3	2	0	1	1				0	0	

Figure 4.2 The 1962 syllabus for the Academies of TCM

Table 4.3 Second edition of national TCM textbooks

<i>Academy of TCM</i>	<i>Subject area</i>
1964 (Shanghai: Shanghai kexue jishu chubanshe)	
Chengdu Academy of TCM	<i>Teaching Material for Chinese pharmacology</i> (中药学讲义)
Nanjing Academy of TCM	<i>Teaching Material for TCM medical prescriptions</i> (中医方剂学讲义)
Nanjing Academy of TCM	<i>Teaching Material for Acupuncture and Moxibustion</i> (针灸学讲义)
Guangzhou Academy of TCM	<i>Teaching Material for TCM Diagnostics</i> (中医诊断学讲义)
Shanghai Academy of TCM	<i>Teaching Material for TCM External Medicine</i> (中医外科学讲义)
Chengdu Academy of TCM	<i>Teaching Material for the Treatise on Cold Damage Disorders</i> (伤寒论讲义)
Beijing Academy of TCM	<i>Teaching Material for Doctrines of Different TCM Genealogies</i> (中医各家学说讲义)
Nanjing Academy of TCM	<i>Teaching Material for Warmth Factor Diseases</i> (温病学讲义)
Shanghai Academy of TCM	<i>Teaching Material for TCM Internal Medicine</i> (中医内科学讲义)
Beijing Academy of TCM	<i>Teaching Material for the Inner Canon</i> (内经讲义)
Guangzhou Academy of TCM	<i>Teaching Material for TCM Ophthalmology</i> (中医眼科学讲义)
Guangzhou Academy of TCM	<i>Teaching Material for TCM Laryngology</i> (中医喉科学讲义)
Shanghai Academy of TCM	<i>Teaching Material for TCM Traumatology</i> (中医伤科学讲义)
Beijing Academy of TCM	<i>Teaching Material for the History of Medicine in China</i> (中国医学史讲义)
Chengdu Academy of TCM	<i>Teaching Material for TCM Gynaecology</i> (中医妇科学讲义)
Guangzhou Academy of TCM	<i>Teaching Material for TCM Paediatrics</i> (中医儿科学讲义)

The integration of Chinese and Western medicines

The numerous health workers presently have this conviction: Chinese medicine is effective, Western medicine is effective. If Chinese medicine and Western medicine were to integrate together, [they would be] even more effective, and would be able to better serve the people.¹⁰⁶

The gradual replacement of the slogan of 'unification', which had dominated Chinese medical policy since 1950, with the slogan of 'integration' became formalized during the year 1960. The phrase 'integration of Chinese and Western medicines' had begun to appear since 1958, yet it had been used alongside Mao's continued pronouncements on doctors of Chinese and Western medicine working together with the overall aim being the creation of One, New Medicine. By 1960 this was changing. Needless to say, the change in slogan coincided with adjustments in power relations within the highest echelons of the Central Committee. In the sombre aftermath of the Great Leap Forward previous Party policy had been denigrated, and this time Mao was unable to deflect the blame. He acknowledged his

mistakes and, for the moment, took the proverbial backseat in state affairs. His Party comrades, and in particular Liu Shaoqi, took over central decision-making, advocating much duller, but safer, economic policies.¹⁰⁷ MacFarquhar interprets Mao's uncustomary meekness as an acknowledgement that his 'demonic desire for earth-shaking progress' had gone too far,¹⁰⁸ and also as a gesture of gratitude to his Party comrades for choosing not to make 'political capital' out of the failure, and instead getting on with 'picking up the pieces'.¹⁰⁹ Instead Mao temporarily refrained from putting forth his point of view, and this included his revolutionary policy on Chinese medicine. Since his speech endorsing Chinese medicine as 'a great treasure-house' in 1958, Mao had barely addressed the topic of Chinese medicine. Thus it was the bypass policy of perpetuating Chinese medicine in its own right which appears to have gained more ground. The emphasis was changing to using that which was already available, rather than trying to create things that were not.

The main characteristics of the 'integration of Chinese and Western medicine' policy are threefold. First, it was essentially practical in nature. Whereas the previous slogan of 'unification' had been primarily aimed at the future unification of knowledge into One, New Medicine, the slogan of 'integration' referred to an 'integration' of knowledge which was immediately applicable. Diseases would be treated with a mixture of Chinese and Western medical treatments. It also referred to a physical integration of the two types of doctors within the same institutions, both in urban and rural areas. Second, it had a progressive scientific leaning. It was to be validated through its performance in treating cases deemed untreatable by Western medical doctors. Therefore, while on the one hand the integration of the two medicines solved some practical concerns in the delivery of sufficient, and adequate, health care services, on the other hand, it was expected to be sophisticated enough to address health problems on the very frontiers of science. And third, it once and for all assured Chinese medicine an identity of its own within the new CCP society, and affirmed its existence as complementary to the role of Western medicine in China.

The slogan was further ratified by the appearance of an editorial in the People's Daily on 10 February 1961, written by Xu Yunbei and entitled, 'Doctors of Chinese and Western medicine should unite and co-operate, [so as to] diligently develop our nation's medical science' (zhongxiyi tuanjie hezuo, nuli fazhan woguo yiyao kexue). It was subtitled 'Chinese medicine is good, Western medicine is good. If Chinese medicine and Western medicine were to integrate together, [they would be] even more effective'. Thus it would appear that the term 'integrate' (jiehe) was actually a synthesis of the previous two slogans which had dominated Chinese medical policy so far - those of 'unification' (tuanjie) and 'cooperation' (hezuo). By straddling the two concepts, it would offer the happy medium of 'integration'. A policy of 'integration' would also be able to put into practice the current directive of 'walking on two legs' (liang tiao tui zoulu), a strategy which had developed during the Great Leap Forward. It was to be an integration of doctors of Western and Chinese medicines, it was to be an integration of theory and practice, and it was also to be an integration of the medical legacy of the motherland and modern medical science.

The ambitions of the policy of 'integration of Chinese and Western medicine' were no less than those of the policy of 'unification' had been. For while the One, New Medicine had been expected to contribute to world medicine, the 'integrated' medicine was to out-perform Western medicine on its

own grounds. Xu Yunbei stipulated that 'the integration of Chinese and Western medicines will utilize modern scientific methods and incisive techniques in order to perform research into the theory of Chinese medicine and its clinical experience. It will in this way acquire a new [form of] progress'.¹¹⁰ And, according to the Ministry of Health, the potential of this new method was clear to see, for, 'among these [i.e. the treatment of cancer, the prevention and control of radiation sickness, and acute appendicitis with the integration of Chinese and Western medicines] are some therapeutic effects which have already surpassed the world's most advanced level' (qizhong you yixie de zhiliao xiaoguo yi gaoyu guoji de xianjin shuiping).¹¹¹ And accordingly, publications in the leading medical journals reported on the numerous scientific achievements in which the integration of the two medicines had excelled itself.¹¹²

The portrayal to the West of scientific merits

This brings us to the point where it becomes obvious that TCM was being advertised to the West in foreign-language publications as a medicine capable of greater feats in science than the scientific medicine of the West.¹¹³ As Croizier stated in 1968, 'surgical advances have become the chief showpieces of China's socialist medicine'.¹¹⁴ From the 1970s, Chinese medicine began to enjoy a higher profile than previously in Western nations. This was a result of a combination of circumstances, mainly the gradual opening up of conservative China's doors to the West for the first time in forty years, coinciding with a genuine interest in alternative therapies manifesting itself in postmodern Western society. However, as this section will suggest, the average Western audience had still not understood the real message being conveyed to them about medicine in China.¹¹⁵

One of the CCP's biggest publicity generators for its modernized Chinese medicine was acupuncture analgesia.¹¹⁶ It was against the backdrop of the high-profile diplomatic negotiations concerning American President Richard Nixon's planned 1972 visit to China that news of this extraordinary healing technique first reached the US. During the visit of Secretary of State, Henry Kissinger, to Beijing in July 1971, James Reston, accompanying journalist of the New York Times, fell ill and underwent an emergency appendectomy, the subsequent pain relief of which was applied by acupuncture analgesia. The story, entitled 'Now, Let me tell you about my Appendectomy in Peking . . .' (New York Times (26 July 1971)) made the headlines in America and the result was to place Chinese medicine firmly on the international medical map. This event catalysed the professionalization of Chinese medicine in Western societies. In 1972 the American Journal of Chinese Medicine was inaugurated, and in 1973 China gained membership of the World Health Organization.¹¹⁷ A fascination not only with its medicine but also with its innovative primary health care system stimulated a series of anthropological investigations.¹¹⁸

This was an opportunity for the CCP to offer the American media machine an unprecedented yet orchestrated glimpse of what lay behind their closed doors. And this was how the Chinese chose to portray their medicine:

anon., 'The Patient sat up and drank', China Reconstructs, vol. XXI No. 9, September 1972, pp. 30-2

anon., 'China discovers Acupuncture Anaesthesia', *China Reconstructs*, vol. XX No. 10, October 1971, pp. 2-5

Hsin Yu-ling (head of the surgical department, Peking Tuberculosis Research Institute), 'Acupuncture with one needle', *China Reconstructs*, vol. XXII No. 3, March 1973, pp. 18-20

Research group of acupuncture anaesthesia, Department of Biology, Peking University, 'A preliminary investigation of the mechanism of anti-pain and counter-injury effects of the acupuncture anaesthesia', *Scientia Sinica*, vol. XIX No. 4, July-August 1976, pp. 529-56

Shanghai acupuncture anaesthesia coordinating group, 'Acupuncture Anaesthesia: an Anaesthetic Method combining Traditional Chinese and Western Medicine', *Comparative Medicine East and West*, vol. V, Nos. 3-4, (1977) pp. 301-13

A special edition devoted to 'Combining Chinese and Western medicine', *China Reconstructs*, vol. XXVII No. 2, February 1978, including an article by Li Jingwei on 'Creating a New Chinese Medicine', pp. 2-4

Han Jisheng, Ren Minfeng, Tang Jian, 'The Role of Central Catecholamine in Acupuncture Analgesia', *Chinese Medical Journal*, 92(11): 793-800, 1979

Lü Guowei, Xie Jingqiang, Yang Jin, 'Afferent Nerve Fiber Composition at point Zusanli in relation to Acupuncture Analgesia', *Chinese Medical Journal*, 94(4): 255-63, 1981

The Western media responded with some serious papers such as:

Irving H. Wagman, Willie K. Dong and James A. McMillan, 'Possible Physiological Bases for Acupuncture Analgesia', *American Journal of Chinese Medicine*, 4(4 1976): 313-31

Duncan Stewart, Joan Thomson and Ian Oswald, 'Acupuncture Analgesia: an experimental investigation', *British Medical Journal*, (1 1977): 67-70

Felix Mann, 'Treatment of Intractable Pain by Acupuncture', *The Lancet* 2(14 July 1973): 57 60

The interest driving the transportation of Chinese medicine to the West at this time was largely fuelled by a post-war, postmodern society disillusioned with the growing perception of the limitations and harmfulness of Western science and anxious to inject new life into their society through exotic and unexplored philosophies of being. The cultural matrix that encouraged the absorption of Chinese medicine into Western societies such as the United States has been succinctly described by Linda Barnes. In her work, she explores the gradual shifting of historical attitudes to things Chinese to explain the growing acceptance, from the 1960s, of Chinese healing techniques.¹¹⁹ The New Age Movement of the 1960s and 1970s led to a search away from the conventional to a search for the 'mystical'. In the field of medicine, this generally referred to the concept of 'vitalism', which Western science was incapable of explaining. In this search for knowledge of an all-pervading, life-renewing energy, a number of different alternative philosophies were considered; Chinese medicine and religion being but one of what Barnes has described as a 'bricolage of New Age spirituality'. Therefore those who were involved in supplying this movement with knowledge of Chinese medicine were, consciously or unconsciously, working to a specific agenda. Besides the translation of documents, they had also to 'filter' them, keeping what in their judgement was 'essential' knowledge and

abandoning the 'dross'. Part of this 'dross' was undoubtedly the Communist ideology which infiltrated the textbooks they were using. And yet, without a proper understanding of the context in which the books were produced, as will be shown here, Chinese medicine was undergoing a double twist of cultural appropriation.

A typical, and well-regarded, example of how new knowledge on Chinese medicine was being received in the West is given by Margaret Caudill, Research Fellow at the Harvard Medical School, in her foreword to Ted Kaptchuk's *The Web that has no Weaver* (1983):

Early in the 1970s, in the wake of a new politically sanctioned exchange of information between China and the United States, there appeared in the press a number of anecdotal descriptions of surgery without anaesthesia being performed in China. A technique called acupuncture was used, whereby slender needles pierced the skin at predetermined foci on the body, the patient being fully awake during the procedure but not feeling the scalpel. Over the next several years this ancient technique of acupuncture enjoyed a brief surge of popularity in the United States, where it was touted by some as a new method to induce analgesia, indeed, as the long-awaited panacea from the Orient.¹²⁰

Such a commentary illustrates only too clearly the crossed wires between China and the West. Where China was putting its best foot forward and displaying the achievements of its latest policy of the integration of Chinese and Western medicines, the West saw 'the long-awaited panacea from the Orient'. Far from seizing on the implications of applying acupuncture within modern science, there were those in the West who preferred to dig deeper to discover Chinese medicine's traditional roots. Thus the advertising of acupuncture analgesia abroad did serve to heighten the profile of Chinese medicine, but perhaps not entirely in the manner that the Chinese authorities intended.

Growing interest in Chinese medicine in the West led to a call for more information, yet here Western enthusiasts hit a real stumbling block. Prior to 1972 and President Nixon's visit to China, there was little information other than controlled propaganda coming out of China. It was therefore not until the 1970s that a newly reopened China allowed Western scholars more direct access to the nature of its traditional medicine.¹²¹ The literature subsequently produced consisted mainly of attempts to present Western audiences with a basic understanding of the principles of Chinese medicine.¹²² I list below four publications which were responsible for introducing some of the first accounts of a theory of Chinese medicine into Western society.¹²³ These were:

Manfred Porkert, *The Theoretical Foundations of Chinese Medicine: Systems of Correspondence*, (Cambridge, MA, 1974);

Ted J. Kaptchuk, *Chinese Medicine. The Web that has no Weaver*, (London, 1983);

Nathan Sivin, *Traditional Medicine in Contemporary China*, (Ann Arbor, 1987);

Giovanni Maciocia, *The Foundations of Chinese Medicine: A Comprehensive Text for Acupuncturists and Herbalists*, (New York, 1989).

SUBJECT AREA	EDITIONS OF TCM TEXTBOOKS					
	1959 (1st edition)	1963 (2nd edition)	1973 (3rd edition)	1978 (4th edition)	1983 (5th edition)	1995 (6th edition)
Inner Canon (内经)	X	X		X	X	X
Book of Cold Damage (伤寒论)	X	X		X	X	X
Golden Casket (金匱)		X		X	X	X
Warmth-factor Disorders (温病)				X	X	X
TCM Fundamentals (中医学基础)			X	X	X	X
Basic Theory of TCM (中医基础理论)						X
TCM diagnostics (中诊)	X	X	X	X	X	X
TCM pharmaceuticals (中药)	X	X	X	X	X	X
Prescriptions (方剂)	X	X	X	X	X	X
TCM internal medicine (中内)	X	X	X	X	X	X
TCM external medicine (中外)	X	X	X	X	X	X
TCM gynaecology (中妇)	X	X	X	X	X	X
TCM paediatrics (中儿)	X	X	X	X	X	X
Acupuncture (针灸)	X	X	X	X	X	X
TCM wound medicine (中伤)	X	X	X	X	X	X
TCM ophthalmology (中眼)	X	X	X	X	X	X
TCM laryngology (中喉)	X	X	X	X	X	X
Doctrines of Various Specialists (各家学说)	X	X		X	X	
History of Chinese Medicine (中医学史)	X	X		X	X	
Ancient Medical Literature (医古文)	X	X		X	X	
TCM emergency medicine (中医急诊学)	X	X		X	X	

Taken from: Lu Lianfang 陆莲舫, 'The Establishment of Teaching Materials for Higher Level TCM Education 高等中医教育的教材建设', *Education of TCM 中医教育*, 16(2 1997):8

Figure 4.4 Chart showing the distribution of TCM textbooks over the various different national editions

All four authors were anxious to provide a clear, easily digestible account of the 'true' nature of the Chinese medical system. The appearance of such a genre of literature suggests a struggle to find

adequate information within China proper, and the need for Westerners to carry out investigative work of their own in order to determine the nature of the Chinese medical system. As Porkert put it, considering the inconsistencies apparent in Chinese medical texts produced over the millennia, it was most important to 'assemble a coherent and logical picture'.¹²⁴ Kaptchuk claimed that his book was the 'first systematic exposition in English of the principles of Chinese medicine'.¹²⁵ Sivin echoed the same message when he announced that he was eager to produce 'a Chinese account', to make up for the amount of 'misinformation' on Chinese medicine currently being circulated in the West.¹²⁶ By this Sivin meant to provide a theory to the medicine; substance that was lacking in the practical handbooks on acupuncture popular at the time. Maciocia, too, the first of these scholars to spend any significant amount of time studying the medicine in mainland China, wrote that 'the aim of the present book is to give a detailed account of the theory of Chinese medicine and acupuncture'.¹²⁷

Yet it had never been necessary in China itself to teach Chinese medicine based on a coherent 'foundation' or 'basic theory' of Chinese medicine. Rather, education in Chinese medicine at the Academies of TCM remained until 1983 firmly based on the study of four core classical, and often contradicting, texts; the Inner Canon (Neijing) (c. 100), Book of Cold Damage (Shanghan lun) (c. 200), the Golden Casket (Jinkui) (c. 200) and texts of warmth-factor diseases (wenbing) (seventeenth to nineteenth centuries). It was not until after the Cultural Revolution that a Basic Theory of TCM emerged as part of a general education emphasis on 'basics' (jichu),¹²⁸ Textbooks on the Foundations of TCM (zhongyi jichu), runners-up to this format, were produced in the third and fourth editions of national TCM textbooks, in 1974 and 1978 respectively. And, it was only in the fifth edition of national textbooks, published from 1983-5 that the Basic Theory of TCM (zhongyi jichu lilun) appeared.

This brings into question what type of source material these scholars were using in order to produce their consistent theories of Chinese medicine. And it turns out that two of the early Western language expositions of medicine in China just listed were based on an entirely different order of book. They were in fact based on teaching material for the revolutionary programme of 'doctors of Western medicine study Chinese medicine'. These were Nanjing Academy of TCM (ed.), Outline of TCM (zhongyixue gailun) (Beijing, 1958) and Health Unit of the Logistics Department of the Guangzhou Army (ed.), Revised Outline of TCM (Xinbian zhongyixue gaiyao) (Beijing, 1972).

A basic theory of TCM¹²⁹

A theory of Chinese medicine was first published in Communist China in 1958 as part of the government's policy of 'doctors of Western medicine study Chinese medicine'. This was the Outline of TCM (zhongyixue gailun), edited by the Nanjing Academy of TCM and published by the Beijing People's Health Publishers in 1958. This compilation of Chinese medical theories was, allegedly, first put forth by our main protagonist in the institutionalization and standardization of Chinese medicine, Lü Bingkui. As discussed earlier, Lü Bingkui had been brought to Beijing in September 1956 and the managing of the First Class of 'doctors of Western medicine study Chinese medicine' fell under his jurisdiction. Lü Bingkui writes that it was his suggestion to provide a comprehensive theory of the medicine to help the doctors of Western medicine follow the classes, and that this would use an

'integration' of medical theory and clinical practice to 'render the theoretical system of Chinese medicine easy to understand'.¹³⁰

The Ministry of Health began to investigate the possibility of producing such a book and it appears that a recent graduate of Lü Bingkui's Nanjing school Yin Huihe (1923-) was approached by Cheng Menxue (1902-72), of the Shanghai Academy of TCM and Wei Longxiang (1912-), Chinese medical adviser to the Ministry of Health, with the task of compiling such a book.¹³¹ Lü BingLui writes that once this proposal had been approved by deputy Minister of Health Guo Zihua (1896-1975), they immediately notified Comrade Youkun, deputy head of the Jiangsu Province School for the Advanced Study of Trainee Teachers in Chinese Medicine (jiangsu sheng zhongyi shizi jinxiu xuexiao faxiaozhang) to send some trained teachers (including Yin Huihe) to Beijing for consultation.¹³² And in the summer of 1958, the Outline of TCM was published by the People's health publishers in Beijing.¹³³

The Outline of TCM was thus written in response to the dearth in teaching materials needed for the key project of 'doctors of Western medicine study Chinese medicine'. It was not designed to supplement the course curriculum of the Academies of TCM, but instead was intended to facilitate the study of Chinese medicine by doctors of Western medicine. This is further substantiated in the preface to the Outline of TOM, which reads that the aim was to 'give a reasonably complete and overall introduction to the medicine of our motherland. It is meant to serve as reference teaching material for the courses on Chinese medicine given by universities and colleges of Western medicine [and also] to provide those practitioners of Chinese medicine without high academic attainments with some supplementary knowledge'.¹³⁴ In the words of Lü Bingkui, the Outline of TCM would have 'an enormous effect on the present-day task of educating doctors of Western medicine in Chinese medicine, and also in developing a popularization of Chinese medical and herbal knowledge'.¹³⁵ The amalgamation of the basic tenets from a selection of classical texts into one book is a feature of the standardization of TCM knowledge in Communist China, and it should be realized that such a basic theory of TCM is strictly a PRC China phenomenon.¹³⁶

And it was the Outline of TCM which formed the basis of Manfred Porkert's interpretation of Chinese medicine. This implies that his study, *The Theoretical Foundations of Chinese Medicine* (1974), was largely based on a 1958 text. Of all the TCM textbooks that were available in China since the 1960s, and which formed the core curriculum of the Academies of TCM, Porkert focused on what he obviously saw as a coherent discussion of the basic tenets of the medicine.¹³⁷ The irony of the situation was clear to the more informed of the Western audience. Hans Ågren wrote:

Throughout the text Porkert cites ancient Chinese medical works, but he stands by necessity on the shoulders of modern Chinese scholarship, especially from the fifties and early sixties. Basic texts that have served as starters for the author are *Chung-i-hsüeh kai-lun* ('Compendium of Traditional Chinese Medicine') from Nanking, 1959, and the *Chen-chiu-hsüeh chiang-i* ('Teaching Notes of Acupuncture and Moxibustion') from Shanghai, 1960. These books were the first major systematizations of classical therapeutics in modern time. Porkert is to a considerable degree

emendating information from these sources, locating a multitude of apt classical text passages and offering new insights into traditionalistic ways of rational thinking.¹³⁸

Other reviewers were less perspicacious. For example, F. P. Lisowski in *Eastern Horizon*, 14 (1975), 67-8, where he enthusiastically entitles the review 'A First Break-through' and credits Porkert with having used 'original sources' and with having 'carefully studied Chinese primary sources'. While I do not wish to discredit Porkert's attempts at locating reliable treatises on Chinese medicine and I fully acknowledge the difficulties of procuring information at this period in time, I want to stress that, informed though these scholars were, they were nevertheless most likely not fully aware of the revolutionary nature of the material that they were using. And the audience to whom they were presenting their translated or reworked versions of the medicine almost certainly were not.

The Outline of TCM was revised in 1972. This is a significant date, for it was being revised during the heart of the Cultural Revolution.¹³⁹ Nothing that occurred during the Cultural Revolution that was state sponsored was devoid of revolutionary purpose. In the realm of Chinese medicine, this meant that a whole new revolutionary programme had taken over.¹⁴⁰ Chinese medicine was no longer protected from political censure and many of its elements, especially the classical medical precepts on which the theories are founded, came under attack.¹⁴¹ For much of 1969-73, the Academies of TCM shut down.¹⁴² In 1975, the Department of TCM was removed from the Ministry of Health and replaced instead with an Office for the Small Group leading the Integration of Chinese and Western Medicines (*zhongxiyi jiehe lingdao xiaozu bangongshi*).¹⁴³ Thus Mao's previous radical policy of 'doctors of Western medicine study Chinese medicine' was being revived. And as the idealized product of these classes of 'doctors of Western medicine study Chinese medicine', particular emphasis came to be placed on the Basic Theory of the Medicine.

Zhou Enlai defined the ambitions of medical policy in February 1971 when he declared, 'through the realization of a number of Five Year Plans, we can make Chinese and Western Medicines integrate with one another, and mutually benefit one another, so that they can gradually fuse into one another and in this way achieve Chairman Mao's directives' magnificent ideal of creating a new national unified medicine and pharmacology'.¹⁴⁴ From 1972, Zhou Enlai set to solving the impasse in educational policy reached due to the intransigence of the Gang of Four, set on down-playing all theoretical studies in favour of the practical. Zhou began to encourage the propagation of a Basic Theory (*jichu lilun*) at institutions of higher education which would enable at least the fundamental principles of the natural sciences to be taught. Such courses would be more focused, thus allowing a more systematic and efficient study of the subject area.¹⁴⁵ This was not just for Chinese medicine but for all educational courses; it was part of the educational revolution of grasping the fundamentals.¹⁴⁶

In 1972 a revolutionary set of medical textbooks was produced by the Fourth Class of 'doctors of Western medicine study Chinese medicine', including for the first time, *The Foundations of TCM* (*zhongyixue jichu*), (Shanghai: Shanghai zhongyi xueyuan, 1972). This volume was produced outside of the normal cycle of national TCM textbooks and is not counted as national textbook material.¹⁴⁷ Alongside it was produced the Revised Outline of TCM (*xinbian zhongyixue gaiyao*), (Beijing: Renmin weisheng chubanshe, 1972).¹⁴⁸ This too was published outside of the national TCM textbook

series and, perhaps more significantly, was not published by a school of TCM but rather by a consortium of revolutionary bodies, chiefly the Health Unit of the Logistics Department of the Guangzhou Army (guangzhou budui houqinbu weishengbu). The Revised Outline of TCM is specifically subtitled 'for the use of doctors of Western medicine studying Chinese medicine' (gong xiyi xuexi zhongyi yong),¹⁴⁹ and its opening lines reveal its purpose: 'to realise the integration of Chinese and Western medicines, to create a new national unified medicine and pharmacology, for this is Mao Zedong's great command'.¹⁵⁰

And it was this Revised Outline of TCM that formed the basis of Nathan Sivin's interpretation of Chinese medicine in his *Traditional Medicine in Contemporary China* (1987).¹⁵¹ Sivin was aware of its intended audience and writes, 'the purpose of this book is to acquaint modern physicians with traditional medicine. Because of this purpose . . . it does not presuppose much knowledge of traditional ideas'.¹⁵² This Sivin found ideal to his needs, as a Western observer writing for people unacquainted with Chinese ways. Sivin, however, while aware that he had chosen a contemporary volume which reflected the situation of medicine in modern-day China, was not, in my view, fully aware of its revolutionary agenda.¹⁵³ Some reviewers, such as Hans Ågren again, had reservations about Sivin's choice of text and warned that it was too far from the ideals of classical Chinese medicine to warrant claiming to be representative of it. Ågren stated that, 'Sivin has taken on a difficult task in trying to trace the authentic elements of classical Chinese medicine in a hybrid text, [a text] which strives for a synthesis of these authentic elements with easy-to-use bits taken from scientific medicine'.¹⁵⁴ While others, such as Judith Farquhar, acknowledged its importance as a much needed contribution to the Western understanding of Chinese medicine, and accepted the book as a representation of the current form of Chinese medicine in China.¹⁵⁵ Yet it should be borne in mind that such a book belonged on the sidelines of conventional Chinese medical practice in China and was created as part of a revolutionary programme.

A sample of the medicine¹⁵⁶

By this stage in our story, Chinese medicine has assumed the format and guise with which we associate it today. It has been formally legitimized in Chinese society and forms part of the national health care system. It is practised in hospitals and clinics, it is taught in schools in classroom format, its knowledge is systematically recorded in textbooks, it is divided into categories which parallel those of Western medicine. And, perhaps most significantly, its theories are harnessed to the political and social structure in which it functions.

The formulation of a basic theory of Chinese medicine was an extraordinary feat, the ultimate in the manipulation of knowledge and its subsequent validation at the hand of politics. In earlier chapters I have described some examples of this medicine of revolution, based on what seem now to be quite outlandish interpretations of wartime landscapes, theories of the higher function of the nerves and mathematical principles. That is because the precepts on which such medicine was founded no longer have any standing within our society and thus appear irrelevant and utterly wrong. This correlates with Thomas Kuhn's analogy of a 'scientific paradigm'; the social and professional setting in which a particular form of knowledge exists contributes in many ways to its perpetuation within that structure.

The 'paradigm shift' from one set of validating structures to another is not so much based on scientific 'truth' but on intrinsic powershifts within the network that allow a previously unsustainable thought pattern to take root.¹⁵⁷ I would suggest that the same could happen to our present model of Chinese medicine. Take away the validating factors that make it so appealing to our eyes, and the validating principles that cause it to assume the shape it currently does could appear very strained.

For the systematizing of the theories of TCM was another feature of medicine in Communist China. The theories had to be, first and foremost, politically correct, and in this revolutionary society, all scientific investigation was to be guided by the Communist philosophy of dialectical materialism (*bianzheng weiwu zhuyi*). Dialectical materialism holds that change is the result of 'the struggle of the opposites'; every society or medium consists of opposing forces, the resulting dynamic of which produces change. In terms of medicine, this found an expression in a 'new' form of diagnosis; the 'differentiation of syndrome and the determination of therapy' (*bianzheng lunzhi*). Judith Farquhar has described it as 'the task of the clinical encounter'¹⁵⁸ and Volker Scheid as 'the emergent pivot of contemporary Chinese medicine'.¹⁵⁹ It was a diagnostic technique designed to meet the criteria of the specific political climate of its time. Scheid writes that, 'the very term is a recent invention whose significance transcends the purely clinical'¹⁶⁰ and he points out in some length how the emergence of 'differential diagnosis' fits into Maoist society. He writes:

It allowed scholar-physicians to define the practice of Chinese medicine as being categorically different from Western medicine; it promised a solution to the problem of integration, if necessary, of the two medicines; it established a connection to the cultural heritage of the motherland that was politically correct (i.e., modern, systematic, and dialectical); and it facilitated the systematic teaching of Chinese medicine in newly emergent educational institutions.¹⁶¹

The streamlining of Chinese medicine according to Communist criteria was to take place at every level of diagnosis. Farquhar, in particular, has analysed the clinical encounter in the contemporary Chinese medical clinic. This encounter begins with what is called 'looking at illness' (*kanbing*), a term which refers not only to the act of the patient going to see the doctor, but also to the act of the doctor examining the patient.¹⁶² She describes it as a process where the 'signs' (*zheng*) of illness are noted down during an examination using the four diagnostic techniques of 'seeing' (in particular the tongue), 'smelling', 'listening' and 'feeling' (in particular the pulse), and translated into 'symptoms' (*zheng*), such as fever, sweating, constipation. The collection of symptoms are then analysed, and formulated into a 'pattern' or 'syndrome' (*zheng*).¹⁶³ But this practice of interpreting symptoms (*zheng*) or illnesses in terms of patterns, or syndromes (*zheng*) is a modern affair.

Accordingly, by identifying the pathogenic pattern or syndrome, one is identifying not only the 'cause of the disease' (*bingyin*), but also its 'location' (*bingwei*), its 'pathomechanism' (*bingji*) and its 'nature' (*bingxing*).¹⁶⁴ Illness is identified as a process. It is therefore possible for various manifestations of a disease condition to be given the same treatment, because they all have the same underlying syndrome, or to be given different treatments because despite similar symptoms, they actually belong to a different syndrome (*yibing tongzhi, tongbing yizhi*). For example, the symptom of 'belly ache'

(futong) can be ascribed a number of different 'patterns' specific to Chinese medical theory including 'cold and damp blocking the interior' (hanshi neizu zheng) and 'depleted interior and cold organs' (zhongxu zanghan zheng), and each syndrome will require a separate treatment.

The physical setup in which TCM functions has also had an effect on the theory of the medicine. This has been shown to great effect by Elisabeth Hsu, who points out how the compartments of a TCM work unit are like the 'compartments' of the body, defined by their function, and by their inter-relatedness with one another.¹⁶⁵ Hsu also describes how there has been a clear move away from spiritual aspects of the medicine and a greater focus on the physical body. This she shows in her analysis of the shift in emphasis from the Five Phases to the Five Organs.¹⁶⁶ In other words, the metaphysical concepts of Qi, Yin and Yang, and the Five Phases (wuxing) are discussed in the opening chapters of TCM Basic Theories as 'ordering principles of the universe', after which they become less relevant to the concept of illness and the discussion concentrates on physical, tangible features of the body.

My own experience of the institutionalization and standardization of TCM during a six-month internship at the Dongzhimen Hospital of TCM in Beijing from September 1997 to March 1998 testifies that the medicine is now extremely functional. The reduction of its theories to a few easily identifiable syndromes, many of which have been designed to correlate with major Western disease categories, has greatly undermined the potential to plumb the considerable depths of TCM theory. Nowadays, in many cases, before the patient has even stepped into the clinic, his/her bianzheng lunzhi pattern has already been ascribed. In a subject area as narrow as that of 'dermatology' (pifuke), for example, the 'patterns' ascribable to the major ailments such as acne, herpes, psoriasis are just a handful and are already memorized by the doctors. The medicine is also taught in an increasingly formulaic manner. It is now possible to buy specialist textbooks on 'symptoms' (zhengzhuang) or 'syndromes' (zhenghou).¹⁶⁷ One need only look up a symptom, such as 'cough' (kesou) to find a list of the most common syndromes associated with it. Once the syndrome is 'identified', such as 'depletion of Lung Yin (feiyin xu),' one needs only to match this syndrome with the corresponding set of drugs and the cure is complete. During my internship in the departments of TCM gynaecology, TCM dermatology and TCM internal medicine, I noticed a remarkable tendency to 'add or drop' (jia jian) a few herbs from a few key prescriptions. Overall, these adaptations attest to an attempt to make the medicine more utilitarian in nature.

Yin Huihe, main collaborator in the compilation of the Outline of TCM (1958), was to remain the chief editor of the textbooks on the basic theory of TCM, right up to the fifth edition of national TCM textbooks in 1984/ 5.¹⁶⁸ An analysis of the presentation of the theoretical content of the Outline of TCM gives us one version of state-approved TCM medical theory in Communist China.¹⁶⁹ The book approaches the body from inside out - first describing the metaphysical concepts of Yin and Yang and the Five Phases, and then entering the body and describing the five organs and six viscera and their relationship to each other through the paths of the channels of Qi and Xue. The causation of disease is grouped into the three categories of 'internal causation' (neiyin) (i.e. the seven emotions), 'external causation' (waiyin) (i.e. the six climatic influences) and 'that which is neither internal nor external causation' (bu neiwai yin).¹⁷⁰ These principles of disease causation were then applied to the

'categorization of syndromes' (zhenghou de fenlei). The crucial matter of disease diagnosis was to be filtered down to a few basic steps. The Outline of TCM explained that 'if we are to take a net by its headspear and take a coat by its collar' (i.e. get down to the bare bones of the matter) (ruguo tigang qiling di shuo),¹⁷¹ that there are only the two main categories of 'external afflictions' (waigan) and 'internal damage' (neishang), and that these come under the rubric of the 'Eight Principles' (bagang) of Yin, Yang, External, Internal, Cold, Heat, Deficiency and Excess.¹⁷² Therefore, as explained earlier in this chapter, the diagnosed syndrome would be made up from a combination of these factors, such as 'Wind-Heat of External Affliction' (waigan fengre). The Outline of TCM stated that once the syndrome had been determined through the use of the Eight Principles, 'in this way, then only can one perform 'pattern diagnosis' and then only can one dexterously handle the experience of our predecessors and improve on our own knowledge'.¹⁷³ Following the diagnosis came the section on treatment in which the techniques of acupuncture and herbal medicine were rigorously explained. Ironically, it is in the designing of the medical content of TCM textbooks that Chinese medical practitioners had maximum freedom, and yet, even in this most sacrosanct of areas, they were still bound to the politics of the time. In general, the main aim of these 'Basic Theories of TCM' was to simplify Chinese medicine and to reduce two thousand years of controversy and debate into one easy-access nutshell. This compromises every level of the physician's encounter with the patient, from examination to diagnosis through to prescription. Therefore this newly established theory of TCM simplifies the process of the identification of illness and the appropriate dispensation of drugs to a few basic steps. Such is the structured and measured packaging of a ready-to-use TCM designed for institutional consumption in twentieth- and twenty-first century Communist China.

Kim Taylor's Footnotes (pp. 198-204)

98. 'Circular from the Ministry of Health Regarding Some Problems in the Educational Work of the Academies of TCM, and the Implementation of the 1962 Revised Teaching Schedule for the Six Year Specialized Course in TCM, 1962'. (5 December 1962). In CCMW (1985): 196.
99. Appropriately, the 'probational textbook for the Academies of TCM' entitled Teaching Material for the Essentials of the Golden Casket, was published in 1963, although this time compiled by the Hubei Academy of TCM and published by the Shanghai publishing house of science and technology.
100. 'Circular from the Ministry of Health Regarding Some Problems in the Educational Work of the Academies of TCM, and the Implementation of the 1962 Revised Teaching Schedule for the Six Year Specialized Course in TCM' (5 December 1962). In CCMW (1985): 201.
101. Lü Bingkui (1993): 10.
102. XX, Lu Lianfang (1997): 7
103. XX, Lü Bingkui (1993): 10.
104. XX, Liu Zhenmin (1998): 11.
105. 'Opinions of the Ministry of Health Regarding the Arrangement of the Teaching Schedule of the Academies of TCM' (12 August 1961). In CCMW (1985): 186.
106. 'Report of the Ministry of Health's Party Committee Regarding the Circumstances of the Discussion Group on the Exchange of Experiences of the National [programme of] "Doctors of

- Western Medicine Study Chinese Medicine" (9 April 1960). In CCMW (1985): 174. This report was formally approved by the Central Committee on 2 May 1960. In CCMW (1985): 172.
107. Uhalley (1988): 131.
108. MacFarquhar, Roderick, *The Origins of the Cultural Revolution. the Great Leap Forward 1958-60* (Oxford: Oxford University Press, 1983): 333.
109. *Ibid.*, 336.
110. XX, Xu Yunbei, 'Doctors of Chinese and Western Medicine should Unite and Co-operate, [so as to] Diligently Develop our Nation's Medical Science', *People's Daily* (10 February 1961): 7.
111. 'Report of the Ministry of Health's Party Committee Regarding the Circumstances of the Discussion Group on the Exchange of Experiences of the National [programme of] "Doctors of Western Medicine Study Chinese Medicine" (9 April 1960). In CCMW (1985): 174.
112. See for example, 'Treatment of Acute Pancreatitis by Traditional Chinese and Modern Methods', *China's Medicine* 12 (1967): 858-63 and 'The Integration of Modern and Traditional Chinese Medicine in the Treatment of Fractures of the Shafts of both Forearm Bones', *Chinese Medical Journal* 82 (1963): 493-504.
113. There were only a handful of foreign-language publications being produced in mainland China during the 1960s and 1970s. These include *Peking Review* *China Reconstructs*, *China Pictorial*, *China's Medicine*, *Chinese Medical Journal* *Chinese Literature*, *People's China* (only published in Japanese) and *Scientia Sinica*. The image of Chinese medicine as being of great scientific value was transmitted through these. See for example, 'Acupuncture Anaesthesia with One Needle', *China Reconstructs* 22 (3 March 1973): 18-20 and 'Treatment of Acute Pancreatitis by Traditional Chinese and Modern Methods', *China's Medicine* (12 December 1967): 858-63.
114. Croizier(1968): 189.
115. A version of this section has been published separately as 'Divergent Interests and Cultivated Misunderstandings: the Influence of the West in Shaping Chinese Medicine in Modern China', *Social History of Medicine* (1 2004): 93-111.
116. Elisabeth Hsu has identified acupuncture analgesia as the key moment when China displayed to the world that 'Chinese medicine was a science'. In E. Hsu 'Innovations in Acupuncture: Acupuncture Analgesia, Scalp and Ear Acupuncture in the People's Republic of China', *Social Science and Medicine* 42 (3 1996) 421-30, at p. 424.
117. For a discussion of how China's low-technology system of 'barefoot doctors' inspired the flagging ideals of the World Health Organization, see Sung Lee, 'WHO and the Developing World: the Contest for Ideology'. In Cunningham, Andrew and Andrews, Bridie (eds), *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997), 24-45.
118. Notable results of these are Sidel, R. and V., *The Health of China: Current Conflicts in Medical and Human Services for One Billion People* (London, 1982) and Hillier, S.M. and Jewell, J.A., *Health Care and Traditional Medicine in China 1800-1982* (London: Zed Books, 1983).
119. Barnes, Linda, 'Multiple Meanings of Chinese Healing in the United States'. In Barnes, L. L. and Sered, S.S. (eds), *Religion and Healing in America* (Oxford: Oxford University Press, forthcoming, 2004).

120. Kaptchuk, Ted, *Chinese Medicine: the Web that Has no Weaver* (London: Rider Books, 1983), p. ix. For the excitement that acupuncture generated in the United States, see for example Bonica, J.J., 'Therapeutic Acupuncture in the People's Republic of China; Implications for American Medicine', *Journal of the American Medical Association* 228 (1974): 1544-51.

121. Pioneering efforts to convey Chinese medical knowledge to the West were under way by the late 1960s - Manfred Porkert started on a Habilitation at the University of Munich in 1969 on the 'Entsprechungssystem der chinesischen Medizin [The System of Correspondences of Chinese Medicine]', Paul Unschuld was carrying out participant observation in Taiwan during 1969-70; work that was later published as *Die Praxis des traditionellen chinesischen Heilsystems [The Practice of the Traditional Chinese Healing System]* (Weisbaden, 1973); Ted Kaptchuk had arranged to study Chinese medicine in Macao by 1973. Due to the physical blockades of knowledge around mainland China, their views tended to be representative of outlying Chinese populations such as Taiwan, Macao and Hong Kong, yet their work has generally been taken to speak on the situation in the mainland.

122. There were also serious attempts to understand properly the background of the medicine. These included the seminal Needham, J. and Lu Gwei-Djun, *Celestial Lancets: a History and Rationale of Acupuncture and Moxa* (Cambridge: Cambridge University Press, 1980) and Unschuld, Paul U., *Medicine in China: A History of Ideas* (Berkeley: University of California Press, 1985). These scholarly investigations very likely did not share the same motivations for their interest in China. Paul Unschuld and his wife Ulrike first went to Taiwan as an opportunity to study the Chinese language better in order for Paul to achieve his aspirations of becoming an expert in Sino-Soviet relations. In order to obtain a grant, they had capitalized on their training as pharmacologists and applied for a grant to study traditional health care systems. Once out in Taiwan, they had an obligation to carry out and the rest, as they say, is history. Communicated in private conversations and also in Unschuld, Paul U., 'Medical History in Chinese Studies: a Personal Perspective on Achievements, Approaches, Expectations', *Gender and Medical History* (Taipei: Zhongyang yanjiuyuan jindaishi yajiusuo, 2002): 127-164.

Whatever their motivations these authors certainly benefited from the growing popular interest in Chinese medicine. Joseph Needham and Lu Gwei-Djun, for example, chose to publish *Celestial Lancets* separately from, and ahead of, the planned *Science and Civilization* volume on the history of medicine. In the authors' foreword they justified their decision saying that, 'our discussion in this monograph really belongs to Vol. 6 of the *Science and Civilization in China* series, but so widespread is the current interest in acupuncture throughout the world that it has seemed advisable to issue our account in separate form without waiting for its appearance in the cadre of a discussion of the history of Chinese medicine as a whole'.

123. They were by no means the first to discuss the therapeutic effects of Chinese medicine in the West. Earlier high-profile attempts in the twentieth century included the Frenchman George Soulié de Morant, whose work on acupuncture during the 1920s and 1930s re-awakened the West to this Oriental system of medicine, see de Morant, Georges Soulié (edited by Paul Zmiewski and translated by Lawrence Grinnell), *Chinese Acupuncture* (Brookline, MA: Paradigm Publications, 1994), and the English physician Felix Mann, founder of the Medical Acupuncture Society, who is particularly well

known for his work on the scientification of acupuncture during the 1960s and 1970s. See Mann, Felix *Acupuncture. the Ancient Chinese Art of Healing* (London: William Heinemann Medical Books Ltd, 1962). These high-profile figures, however, focused on the phenomenon of acupuncture rather than on presenting a basic theory of the medicine.

124. Porkert (1974): 4.

125. Kaptchuk (1983): xxi.

126. Sivin (1987): xx.

127. Maciocia (1989): ii-iii.

128. Zhu Chao (1990): 134.

129. My translation of a 'basic theory of TCM' for *zhongyi jichu lilun* has been translated variously elsewhere as 'TCM Fundamentals' by Hsu (1999) and as 'The Foundations of Chinese Medicine' by Maciocia (1989). My translation is the most literal and it is for this reason that I have chosen to abide by it.

130. XX, Lü Bingkui (1993): 7.

131. This information was relayed to me through an interview with Yin Huihe at his residence in Beijing, on 12 December 1997. In Yin Huihe's account, it was his idea to produce the Outline of TCM. He was at that time involved with producing teaching materials at the Jiangsu province school of Chinese Medicine and it is possible that he suggested that a general theoretical overview of the medicine was necessary. I have, however, kept faithful to Lü Bingkui's account here, seeing as Yin Huihe was in Lü Bingkui's employ. The true genesis of the idea is thus not resolved here.

132. Lü Bingkui (1993): 7. These doctors numbered around forty, many of whom remain prominent figures in Beijing TCM institutions today. These include Kong Guangyi, Yang Jiasan, Dong Jianhua, Liu Bichen, Liu Duzhou, Wang Mianzhi, Yan Zhenghua, Wang Yuchuan, Jiang Yijun, Shi Hanzhang, Jin Qifeng, Jiang Zhenji and Xie Haizhou.

133. Details of the various transformations that this text went through on its way to publication are given in Scheid (2002): 275-7.

134. XX, Nanjing zhongyi xueyuan (ed.), *Outline of TCM*, (Beijing: Renmin weisheng chubanshe, 1958): 1.

135. XX, Lü Bingkui (1993): 7

136. There had been earlier attempts to systematize the medicine, and books were produced towards the end of the Civil War which include Chen Yongliang, *Outline of China's Medicine*, (Guangzhou: Guanghua tushu yinwu gongsi, 1947) and Dong Demao, *The Basics of Chinese Medicine*, (Beijing: Hebei yixueyuan tushuguan, 1948). These books were thin pamphlets which gave a cursory overview of the medicine. Due to the lack of strong institutional backing in pre-Communist China, however, their influence tended to be regional, rather than national.

137. Porkert's main aim was to present to Western audiences a classically pure and coherent picture of traditional Chinese medicine furnished with a consistent set of Latin-based translations, through which the original meanings of the Chinese terms could be communicated. His elaborate translations, however, inspired some criticism, not least from his contemporary, Joseph Needham, who favoured translations based on the Greek language. For evidence of the old feud, see for example Needham,

- Joseph and Lu Gwei-djen, 'Problems of Translation and Modernization of Ancient Chinese Technical Terms', *Annals of Science* 32 (1975): 491-502. Porkert's eventual disillusionment with the mixing and matching of classical and modern elements within the medicine is only too apparent in Porkert, Manfred, *Chinese Medicine Debased* (Dinkelscherben: Phainon Editions and Media GmbH, 1998).
138. Ågren, Hans (reviewer), 'Manfred Porkert, The Theoretical Foundations of Chinese Medicine: Systems of Correspondence', *American Journal of Chinese Medicine* 3 (1975): 397.
139. For more information on the Cultural Revolution, please see MacFarquhar, Roderick, *The Origins of the Cultural Revolution, Vol. 3: the Coming of the Cataclysm, 1961-1966* (New York: Columbia University Press, 1997), Barnouin, Barbara and Yu Changgen, *Ten Years of Turbulence: the Chinese Cultural Revolution* (London: Kegan Paul International, 1993) and for personal accounts see in particular Feng Chi-tsai, *Ten Years of Madness: Oral Histories of China's Cultural Revolution* (San Francisco, CA: China Books, 1996).
140. Another well-known medical policy of the Cultural Revolution is the one of 'place the emphasis of health work in the countryside', which produced the barefoot doctors. Details of this policy can be found in Pickowicz, Paul G., 'Barefoot Doctors in China: People, Politics and Paramedicine', *Eastern Horizon* 11(5 1972): 25-38, Henderson, Gail, 'Issues in the Modernization of Medicine in China' in Simon, Denis F. and Goldman, Merle (eds), *Science and Technology in Post-Mao China* (Cambridge, MA: Harvard University Press, 1989): 199-221 and also Sidel (1982), esp. pp. 35-70.
141. Liu Zhenmin (1998): 260. We have already related the attack on the 'five, old practitioners submitting a petition' that led to their prosecution, and even to death, during the Cultural Revolution.
142. Lü Bingkui relates how, prior to the Cultural Revolution in 1962, there had been a decision made by the Central Committee to close down eighteen Academies of TCM, leaving only the five main organs. This was in a desperate attempt to cut costs after the financial disasters of the Great Leap Forward. Lü Bingkui writes how he was most distraught at hearing this decision and immediately put pen to paper, asking the Central Committee to reconsider. This letter (written on 12 May 1962 and reproduced in Lü Bingkui (1993): 97-100) he handed personally to Xu Yunbei who was able to pass the letter to Zhou Enlai, telling him that 'the Department of TCM does not agree with the decision to remove over ten Academies of TCM. Zhou Enlai is reported to have replied, 'We will reconsider the situation of the Academies of TCM', with the upshot that three days later, at the closing speech of the meeting, Lin Peng announced that, 'the Academies of TCM will stay'. Lü Bingkui credits himself with averting disaster, although two Academies of TCM, the Hebei Academy of TCM and the Henan Luoyang Academy of Bone Straightening, were abandoned, bringing the numbers down to a total of twenty-one. In Lü Bingkui (1993): 9.
143. Wang Zhipu (1999): 70. It was only in October 1978, after the Cultural Revolution, that the Department of TCM was recovered as part of the Ministry of Health.
144. XX, Meng Qingyun (ed.), *The Development of China's Traditional Chinese Medicine and Pharmacology over the Last Fifty Years (1949-1999)* (Zhengzhou: Henan yike daxue chubanshe, 1999): 742.

145. Further details are given in Chen Wenbin, Lin Yunhui, Cong Jin (eds), *Fifty Years of the Chinese Communist Party (1949-99)* (Beijing: Zhonggong dangshi chubanshe, 1999): 396. See also Zhu Chao (1990): 134.

146. The emphasis on fundamentals in education was the result of a meeting of the Revolutionary Committee of Education in Universities and Foreign-language Schools held from 10 May to 20 June 1972. Zhou Enlai presided over the discussions during which it was decided that the realization of a revolution in education could serve to provide answers as to how Lin Biao had managed to derail Mao Zedong's revolution. The meeting concluded that it was necessary to promote the teaching of basic theories, and that in the natural sciences this would enable courses to be set up singly, as opposed to a series of classes based on different classical texts, and allow a more systematic and efficient study of the subject area. In Chen Wenbin (1999): 396. A valuable overview of events in education during the first half of the Cultural Revolution is given in Seybolt, Peter J., *Revolutionary Education in China: Documents and Commentary* (New York: International Arts and Sciences Press, 1973).

147. Alongside it were also produced the volumes *The Internal Paediatrics of TCM*, *TCM Surgery*, *TCM Treatment of Wounds*, and *TCM Gynaecology*. All five were published by the Shanghai Academy of TCM in 1972 and their prefaces clearly state that they were formulated using the teaching materials of the Fourth Class of 'doctors of Western medicine study Chinese medicine'.

148. Between the years 1970 and 1973 eight separate volumes on a 'basic theory of TCM' were published. See the list in Hou Jiayu (ed.), *Complete Book Catalogue of Medicine in China (1950-89)*, (Chengdu: Chengdu chubanshe, 1994): 233. Anecdotal evidence has it that the well-known Chinese physician Qiu Meizhong (1900- 82), greatly disillusioned with the disarray that the field of Chinese medicine fell into during the Cultural Revolution, wrote a letter entitled, 'A proposal requesting the initiation of higher-level research classes of TCM in 1972 to the Central Committee. In Wang Zhipu (1999): 38. Perhaps his letter had some of the desired effect.

149. Health Unit of the Logistics Department of the Guangzhou Army (guangzhou budui houqinbu weishengbu) (ed.), *Revised Outline of TCM (for the Use of Doctors of Western Medicine Studying Chinese Medicine)* (Beijing: Renmin weisheng chubanshe, 1972).

150. XX, *Ibid*.

151. Ted Kaptchuk was also studying from the same textbook in Portuguese Macao in 1973. Other textbooks used by Kaptchuk included Qin Bowei's *The Bare Essentials of Clinical TCM* (Beijing: Renmin weisheng chubanshe, 1973) as well as the Hong Kong printed series of the second edition of national TCM textbooks. Kaptchuk's Macao education was therefore, by PRC standards, somewhat eclectic and his book, *Web that Has no Weaver*, represents a synthesis of the knowledge he gained there. This information was gathered during a personal tour of Dr Kaptchuk's library during a visit to Harvard in December 2002. I am very grateful to Dr Kaptchuk for being so generous and open.

152. Sivin (1987): 33.

153. I assume this for, although Sivin provided a list of the available literature on 'theories of TCM' from which he made his choice, much of which correlates with the titles I have provided, he does not appear to have questioned why they were so few and far between prior to 1972.

154. 'Sivin hat sich der schwierigen Aufgabe unterzogen, den authentischen Elementen der klassischen chinesischen Medizin in einem hybriden Lehrbuch, das eine Synthese aus dieser mit einfach anzuwendenden Versatzstücken der wissenschaftlichen Medizin anstrebt, nachzuspüren', Ågren, Hans (reviewer), 'Nathan Sivin, Traditional Medicine in Contemporary China', Archives Internationales D'Histoire des Sciences 40 (1990): 150-1.
155. Farquhar, Judith (reviewer), 'Nathan Sivin, Traditional Medicine in Contemporary China', ISIS 81 (1990): 316-17.
156. For a comparison of how close or far a 1963 version of the basic theory of TCM, namely, Fujian Academy of TCM Medical Classics Teaching and Research Group (Fujian zhongyi xueyuan yijing jinoyanzu bianzhu) (ed.) (unacknowledged chief editor Zhao Fen), The Basics of TCM (Fuzhou: Fujian renmin chubanshe, 1963), diverges from different versions of classical Chinese medicine, see Hsu (1999): 186-98.
157. Kuhn, Thomas S., The Structure of Scientific Revolutions (Chicago: University of Chicago Press, 1970).
158. Farquhar (1994): 70.
159. Scheid (2002): 200.
160. Ibid., 203.
161. Ibid., 209.
162. Farquhar (1994): 45.
163. Ibid., 55.
164. Scheid (2002): 201.
165. Hsu (1999): 208-9.
166. Ibid., 198-206.
167. For example, Zhao Jinduo, Distinguishing Symptoms in TCM diagnostics (Beijing: Renmin weisheng chubanshe, 1997).
168. This information comes from an interview with Yin Huihe at his residence in Beijing on 14 December 1997.
169. Volker Scheid has made it clear that there exist several different variations of diagnostic theory in contemporary China. To illustrate, he gives four different versions of 'pattern diagnosis'. In Scheid (2002): 275-89.
170. Nanjing zhongyi xueyuan (1958): 8.
171. Ibid.
172. Ibid., 8-9.
173. XX, *ibid.*, 9.

Conclusion (pp. 151-153)

The 1980s saw the complete rehabilitation of Chinese medicine from the destructive forces of the Cultural Revolution, and a reinforcing of its presence within state structures. By 1984, there were twenty-nine Academies of TCM in China, eleven medical schools with specialist departments of TCM, and over 26,000 students engaged in its study.¹ Liu Zhenmin writes that not only did this reflect the

clear expansion of Chinese medical education in China, but also a real improvement in the quality of this education.² Similarly, by 1984 more than two thousand books pertaining to TCM had been published and over thirty journals of TCM were being produced.³ On 4 January 1986, TCM affairs were to be governed by a State Bureau for the Management of TCM (guojia zhongyi guanliju).⁴ This was further upgraded on 3 May 1988 to a State Bureau for the Management of TCM and Pharmacology (guojia zhongyiyao guanli ju).⁵ Thus from mid-1988, Chinese herbal medicine was placed on an equal status with the rest of the medicine, and the appellation of 'TCM' (zhongyi) expanded in official nomenclature to one of 'TCM and pharmacology' (zhongyiyao). On 6 December 1993, the Beijing and Shanghai Academies of TCM were promoted to the status of Universities of TCM and Pharmacology (zhongyiyao daxue).⁶ One by one, the other Academies were to follow suit, thus confirming that Chinese medicine had reached a pinnacle of public and political affirmation in the People's Republic of China.

It is hoped that by this stage in the reading of this book, the reader will have formed a different impression of the nature of Chinese medicine than that with which he/she had perhaps started. The main impact which this book is hoped to have had is to dispel the notion that the availability of Chinese medicine in China and abroad was simply a matter of course. It was, rather, the product of an undetermined and piecemeal process which was more a careful manipulation of its value as a 'cultural legacy' within the particular political, social and economic circumstances of the early PRC, than any consideration of its actual therapeutic value. The fact that circumstances led the CCP to promote Chinese medicine during the 1950s accounts for its continuing presence in mainland China.

This book has emphasized throughout that it was all part of a Revolutionary Plan, and that if Mao Zedong himself had not seen Chinese medicine as fitting into this Plan, then the fate of Chinese medicine in Communist China would be very different indeed. This Revolutionary Plan, however, had not originally been intended to preserve Chinese medicine as a body of knowledge in its own right. It was rather the role of interpreters and implementers of Mao's policies, anxious to interpret favourably in the light of the condemnation of the first Minister of Health, that Chinese medicine was provided with its own institutional basis and the opportunity to perpetuate itself in Communist China. The continued existence of Chinese medicine in Communist China can, therefore, be attributed to a mixture of fortuitous circumstances, and also to the apparent ability of the medicine to metamorphose itself on the superficial, presentation level, to accord with the demands being made of a 'new medicine' for Communist China. Despite the continuing emphasis on its historical roots, the ideological, economic and social requirements of Communist China have produced a twentieth-century modernized and upgraded version of the medicine.

Such a 'modernization' can largely be interpreted as a 'Westernization', for the permeation of Western science across the globe from the late nineteenth century has resulted in a general 'Westernization' or 'modernization' of societies worldwide. In terms of medicine, the greatest battle of this past century for advocates of Chinese medicine has been to justify it in terms of Western medicine. Certainly in Communist China, the status of Chinese medicine in the new society has always been in relation to that of Western medicine - even its proclamation as a 'great treasure-house' was to encourage the manner in which it might be used to serve Western science. The slogans which dominated its

development have dictated its progress as fundamentally linked to that of Western medicine - first to 'co-operate' with it, then to 'unify' with it, and, up to this day, to 'integrate' with it. As this book has shown, the institutional structure in which it now functions is borrowed from the practice of Western medicine, the very name of 'Traditional Chinese Medicine' (TCM) is a name designed for foreign consumption, and even the compilation of a theory of the medicine can be attributed to the burgeoning interest in Chinese medicine of the West in the 1970s and the demand for concrete, unambiguous information. Chinese medicine today is not restricted to being Chinese in nature and content, and must acknowledge a distinct influence from abroad.

However, as we enter into the twenty-first century, we are approaching a stage where the original revolutionary criteria which legitimated Chinese medicine in CCP China begin to no longer apply. This declining political justification exposes the medicine as belonging to an outdated philosophy of life. In modern Chinese society, in those areas of life where the use of Chinese medicine is optional, Chinese medicine appears to continue to function on a level of general well-being and for the treatment of minor illnesses. In cases of distress, Chinese medicine comes a resounding second to the more popular Western medicine. This attitude is evident both in terms of the form of treatment patients seek, and also in its declining popularity as a subject of study for prospective medical students. Thus while the institutional system set up during the 1950s still maintains the presence of Chinese medicine in Chinese society, one wonders at the future of the medicine if the Communist values of the present government system are to continue to erode. The 'medical legacy of the motherland' could indeed become a legacy of China's past.

The events of the 1950s are therefore directly responsible for the current presence and form of Chinese medicine within and, also to a large extent without, of mainland China. Without the express backing of the Chinese Communist Party, it is highly unlikely that Chinese medicine could have continued to function in China as a recognizable whole, and therefore could certainly not have become an exportable product. In the West, the image produced of Chinese medicine in China fuelled a market which continues, now almost independently from PRC input, to this day. In other Asian societies, Chinese medicine continues to be a part of everyday life, but has never been systematized to the extent that it has in mainland China. The institutional basis and the standardization of knowledge which were in place by 1963 have proven the mainstay of Chinese medicine in Communist China, if not globally as well.

Kim Taylor's Footnotes (pp. 204-205).

1. Please see Appendix II for national TCM course curricula from the years 1981 and 1997.
2. XX, Liu Zhenmin (1998): 13.
3. Yu Shenchu (1983): 455-7.
4. Wang Zhipu (1999): 19.
5. Ibid, 472.
6. Liu Zhenmin (1998): 386. The Shanghai University of TCM and Pharmacology has recently succumbed to market pressures and sold its historic site along Lingling Road in order to build itself a more up-to-date and larger set of premises in the Pudong district. The move took place in the summer

